PRINTED: 12/12/2012 FORM APPROVED

Indiana State Department of Health

| | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|---|--|--|--|
| 012157 | | | B. WING | | 11/20/2012 | |
| NAME OF PROVIDER OR SUPPLIER | | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| A ROSIE PLACE | | 53131 QUINCE RD SOUTH BEND, IN 46628 | | | | |
| | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| 000 INITIAL COMMENTS | | | S 000 | | | |
| This visit was for a standard licensure survey. | | / . | | | | |
| Facility Number: 012157 | | | | | | |
| Survey Date: 11/19-20/2012 | | | | | | |
| Surveyors: ReBecca Lair, LCSW Medical Surveyor | | | | | | |
| Jacqueline Brown, RN Public Health Nurse Surveyor | | | | | | |
| A Rosie Place is in compliance with 410 IAC 15.1, Hospital Licensure Rules. | | 15.1, | | | | |
| QA: claughlin 12/03/ | 12 | | | | | |
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| | SUMMARY STA (EACH DEFICIENCY REGULATORY OR IN INITIAL COMMENTS This visit was for a sta Facility Number: 012 Survey Date: 11/19-2 Surveyors: ReBecca Lair, LCSW Medical Surveyor Jacqueline Brown, RN Public Health Nurse States A Rosie Place is in control to the states of t | O12157 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION VISIT WAS FOR A STANDARD FOR SURVEY DATE: 11/19-20/2012 Survey Date: 11/19-20/2012 Surveyors: ReBecca Lair, LCSW Medical Surveyor Jacqueline Brown, RN Public Health Nurse Surveyor A Rosie Place is in compliance with 410 IACC | O12157 COVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a standard licensure survey. Facility Number: 012157 Survey Date: 11/19-20/2012 Surveyors: ReBecca Lair, LCSW Medical Surveyor Jacqueline Brown, RN Public Health Nurse Surveyor A Rosie Place is in compliance with 410 IAC 15.1, Hospital Licensure Rules. | ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for a standard licensure survey. Facility Number: 012157 Survey Date: 11/19-20/2012 Surveyors: ReBecca Lair, LCSW Medical Surveyor Jacqueline Brown, RN Public Health Nurse Surveyor A Rosie Place is in compliance with 410 IAC 15.1, Hospital Licensure Rules. | TOWNER OR SUPPLIER O12157 STREET ADDRESS, CITY, STATE, ZIP CODE 53131 QUINCE RD SOUTH BENDI, IN 46628 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS Source Date: 11/19-20/2012 Survey Date: 11/19-20/2012 Surveyors: ReBecca Lair, LCSW Medical Surveyor Jacqueline Brown, RN Public Health Nurse Surveyor A Rosie Place is in compliance with 410 IAC 15.1, Hospital Licensure Rules. | FORRECTION DENTIFICATION NUMBER: DID DENTIFICATION SHOULD BE S3131 QUINCE RD SOUTH BEND, IN 46628 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY |

Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE